

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3069	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Michael L White P.O. Box, Bldg., Room No., if any Suite 400 Street 1750 New York Ave, NW City Washington State District of Columbia ZIP Code + 4 20006-5301	4. Name, file number, and address of labor organization. Name IRON WORKERS AFL-CIO Labor Organization File Number 000-052 P.O. Box, Building and Room Number, if any Street 1750 New York Avenue, N.W. City Washington State District of Columbia ZIP Code + 4 20006-5301
5. Position in labor organization. Exec.Dir. Apprenticeship & Training	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. N/A 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed	On 7/7/05 Date	202-383-4889 Telephone Number

Name of Person Filing Michael White

File Number U- 3069

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name IMPACT

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1750 New York Ave., NW

City Washington

State District of Columbia ZIP Code + 4 20006

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Receives contributions from Employers who have collective bargaining contracts with local unions. \$4,519,541
IMPACT leases office space & employees from Iron Workers - \$1,057,284

11.b. Approximate dollar value of such dealing.

\$5,576,825

12.a. Nature of interest held or income received.

9/14/04 - San Francisco Regional Advisory Board - Food and Drinks

12.b. Amount.

\$139

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4 00000-0000

14.a. Nature of payment.

N/A

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Michael White

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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name NA

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name NA

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name NA

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name NA

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NA

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

Name of Person Filing Michael White

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Michigan Re-Steel Contractors Association

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 12121 Hyne Road

City Brighton

State Michigan

ZIP Code + 4 48116

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Association with interest and concern about the Construction Industry

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

1/24/04 Dinner - 2 people

Approximately \$130.00

12.b. Amount.

\$130

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Nat'l Assoc Reinforcing Steel Contractors

Trade Name, if any: NARSC

P.O. Box, Bldg., Room No., if any P.O. Box 280

Street 10382 Main Street

City Fairfax,

State Virginia ZIP Code + 4 22030

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Association with interest and concern about the Construction Industry

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

1/28/04 Boat Trip, 2 people

Approximately \$70.00

12.b. Amount.

\$70

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Nat'l Assoc Reinforcing Steel Contractors

Trade Name, if any: NARSC

P.O. Box, Bldg., Room No., if any P.O. Box 280

Street 10382 Main Street

City Fairfax

State Virginia ZIP Code + 4 22030

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Association with interest and concern about the Construction Industry

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

1/29/04 Cocktail party, 2 people

Approximately \$50.00

12.b. Amount.

\$50

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Natl Cncl of Erectors, Fabricators & Riggers

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 280

Street 10382 Main Street

City Fairfax

State Virginia ZIP Code + 4 22030

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Association with interest and concern about the Construction Industry

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

5/10/04 Reception - 2 people

Approximately \$180

12.b. Amount.

\$180

Name of Person Filing Michael White

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any). Name <u>National Erectors Association/Segalo</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>1501 Lee Highway, Suite 202</u> City <u>Arlington</u> State <u>Virginia</u> ZIP Code + 4 <u>22209-1104</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	11.a. Nature of such dealing. <u>Association with interest and concern about the Construction Industry.</u> <u>Segalco - Firm that performs services for related pension plans. Monetary dealing with this firm listed below.</u> 11.b. Approximate dollar value of such dealing. <u>\$58,660</u>
	12.a. Nature of interest held or income received. <u>5/11/04 - Reception</u> <u>2 people</u> 12.b. Amount <u>\$156</u>